

United States Government

Department of Energy  
Oak Ridge Operations Office

# memorandum

DATE: December 3, 2001

REPLY TO

ATTN OF: AD-442:Brown

SUBJECT: **LEAVE DONATION SOLICITATION FOR DEBORAH L. NANCE**

TO: All ORO, YAO, and OSTI Employees

Ms. Deborah L. Nance, Office of Scientific and Technical Information (OSTI), has been approved as a leave recipient under the Voluntary Leave Transfer Program.

Ms. Nance suffers from a severe form of Rheumatoid Arthritis, and she will be having surgery in connection with her illness.

Employees who wish to donate earned annual leave to Ms. Nance may do so by completing the attached "Leave Donation Form." When completed, it should be given to your time and attendance clerk for forwarding to the Payroll Office. Note: If you wish to donate "use or lose" leave, you must indicate on the donation form that the leave is "use or lose."

Your attention is called to the following requirements of the program:

1. Only earned annual leave may be donated which includes any "carryover" hours and "restored" hours.
2. The maximum annual leave donation by an employee is limited to one-half the number of hours the employee will earn in the current leave year. (26-day category, 104 hours; 20-day category, 80 hours; 13 category, 52 hours.)

If you have any questions, please contact your Human Resources Specialist.



Melanie M. Kent, Chief  
Personnel and Management  
Analysis Branch

Attachment

DOE F 3630.1  
(07-89)  
Replaces DOE F (3660.1)

U.S. DEPARTMENT OF ENERGY  
**LEAVE DONATION**

*(Submit completed and signed original form to your timekeeper)*

Donor's Name (*Last, First, M.I.*)

SSN

Donor's Organization

Recipient's Name

Recipient's Organization

Deborah L. Nance

Office of Scientific and Technical Information

For Non-DOE Recipient, Enter Mailing Address of Recipient's Payroll Office

I hereby authorize the transfer of \_\_\_\_\_ hours of my annual leave to the above named leave recipient, I certify that I am scheduled to work at least that many hours before the end of the leave year, and that the leave recipient is not my supervisor.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

Check here to donate restored leave. (If the donation is greater than the amount of restored leave to your credit, the remainder will be deducted from your regular leave account).

**FOR PAYROLL USE**

\_\_\_\_\_  
hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

\_\_\_\_\_  
Signature of Payroll Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
hours of leave has been deducted from donor's account

Name of Payroll Clerk

FTS Phone No.

\_\_\_\_\_  
Signature of Payroll Clerk

\_\_\_\_\_  
Date

Acceptance of this donation is necessary to avoid placing the recipient on leave without pay, and the limitations imposed by 5 CFR 630.908 are therefore waived.

\_\_\_\_\_  
Signature of Payroll Clerk

\_\_\_\_\_  
Date

**Privacy Act Statement**

5 U.S.C. 6311 authorizes collection of this information. It will be used to transfer leave from your account to the recipient's account in accordance with your instructions on the form. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be charged to the proper account.